## FEE TRANSMITTAL

Application Number 10/038,080 Filing Date January 3, 2002	Art Unit 1639 Confirmation No.	7358
Inventor(s) Peter C. Isakson et al.		
Examiner Name Jon D. Epperson Ph.D.		
Attorney Docket Number PHA 4142.2 (289	1/3)	

] Applicant claims small entity status. [

## METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- [X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

## FEE CALCULATION

1.	{ } BASIC FILING, SEARCH AND EXAMINATION FEES (Type:) Subtotal (1) \$		
2.	[X] EXCESS CLAIM FEES		
Total Claims $24 - 20$ (HP) = $4 \times \text{Fee} = 50 = 500.00$ Indep Claims $5 - 6$ (HP) = $0 \times \text{Fee} = 0 = 50$ Multiple Dependent Claims Fee  (HP = highest number of claims paid for)  Subtotal (2) \$ 200.00			
3.	[ ] APPLICATION SIZE FEE		
	Total Pages $-100 = \div 50 = x $250 = $ (round up to whole #)		
	Subtotal (3) \$		
4.	[X] OTHER FEE(S)		
.'	<pre>[X] Four</pre>		
	Subrocel (4) \$ 2 030 00		

Kathleen M. Petrillo, Reg. No. 35,076

TOTAL AMOUNT OF PAYMENT \$ 2,230.00

January 27, 2005 Date

Telephone: 314-231-5400

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LEAVITT & ROEDEL  C'NE METROPOLITAN SQUARE	
ST. LOUIS, MO. 63102	Date January 27 2015 18-1/1010
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